

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

RECEIVED NO. 10/510116 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					
2		1	1					
3		2	1					
4		0	1					
5		0	1					
6		0	1					
7		0	1					
8		1	1					
9		0	1					
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TOTAL IND.	1		1		1			
TOTAL DEP.	14	←	13	←	14	←		
TOTAL CLAIMS	15		14					